

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

## CERTIFICATE OF DEATH

09955

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Near Davis Mill

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Federalburg - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Davis Mill  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Flossie J. Clemons

## 3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 5, 1889

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

5784

hrs.

min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation

Hospital Employee

11. Industry or business

Eastern Shore State Hospital

FATHER

12. Name

William Clemons

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Eliza Jane Davis

15. Birthplace

Wicomico County, Maryland

16. Informant

Mrs. Nellie Sartain

Address

Federalburg, Maryland, R7D.

17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof October 13, 1946  
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Fraughton and Son

Address

Federalburg, Maryland

19.

Oct 13 - 1946  
(Date rec'd by registrar)

Registrar

23. SIGNATURE

W. C. Harrison M.D.  
W. C. Harrison M.D.

M. D. or other

Address

Date signed 10/13/46

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1946 at 11:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1, 1946 to October 9, 1946 and that I last saw him alive on October 9, 1946

Immediate cause of death

Virus Pneumonia

DURATION

2 weeks

Due to

Due to

Other conditions

Carcinoma of breast 1 yr +

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

W. C. Harrison M.D.  
W. C. Harrison M.D.

M. D. or other

Address

Date signed 10/13/46

RECEIVED

OCT 23 1946

BUREAU V Z

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

★ 09956  
Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Shurlock  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Shurlock  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) Is veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Cathronia Collins

## 3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 18698. AGE: Years 76 Months 10 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Shurlock Dov., Md.  
(Town, county, and state)10. Usual occupation Retired School Teacher

11. Industry or business \_\_\_\_\_

12. Name Pollard S. Collins13. Birthplace Shurlock, Md.14. Maiden name Ellen Andrews15. Birthplace Shurlock, Md.16. Informant Bernie CollinsAddress Shurlock, Md.17. Burial Date thereof 10/15/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Shurlock18. Funeral director F. B. MellowayAddress Shurlock19. Oct 15 - 1946 Charles Hestings  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1946 at 3:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/29 1946 to October 12 1946and that I last saw h. alive on October 12 1946Immediate cause of death Portal Cirrhosis  
5 months

## DURATION

2 yearsDue to Chronic Portal Cirrhosis  
etc.10 mosDue to Chronic Myocarditis5 yrs

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Melloway

M. D. or other

Address Shurlock Date signed 10/15/46

RECEIVED

OCT 23 1946

BUREAU V E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

## CERTIFICATE OF DEATH

C9957  
Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 YearsHospital, institution, or street address where death occurred:  
314 Washington St.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 314 Washington St.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Charles E. Dayton

## 3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife Nervinia Parks6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) Nov. 21, 1877

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>11</u>	<u>-</u> hrs. <u>-</u> min.

8. Birthplace Lakesville, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Contractor12. Name Asbury Dayton13. Birthplace Maryland14. Maiden name Margaret McAllister15. Birthplace Maryland16. Informant Mrs. Nervinia DaytonAddress Cambridge, Maryland17. Burial Burial Date thereof Oct. 4, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. Oct. 4, 1946 John Macgregor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2, 1946, at 8: A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 23, 1946, to Oct 2, 1946.and that I last saw him alive on Sept 27, 1946Immediate cause of death uremiaDURATION 5 daysDue to Carcinoma of stomach 6 monthsDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Laurence Maryanor M. D. or otherAddress 136 Race St. Date signed Oct 3, 1946Cambridge, Md.

RECEIVED

OCT 7 1946

BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Ma*

## CERTIFICATE OF DEATH

09958

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 55 Years  
 Hospital, institution, or street address where death occurred:  
36 Glasgow St.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 36 Glasgow St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war -

## 3. (a) FULL NAME

Daniel D. Delaha

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Laura E. Hurst  
(Died 1938) 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) Oct. 11, 1865  
 8. AGE: Years 80 Months 11 Days 27 If less than one day - hrs. - min.

9. Birthplace Drawbridge Dist., Dor. Co., Md.  
(Town, county, and state)10. Usual occupation -11. Industry or business -

FATHER 12. Name Robinson F. Delaha  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Mary J. Sellers  
 15. Birthplace Maryland

16. Informant Mr. Howard Delaha  
 Address Church Creek, Maryland

17. Burial Date thereof Oct. 10, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cambridge Cemetery  
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland.

19. 10-11-46 19. James M. [Signature]  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 8 1946

21. CERTIFY that death occurred on the date above stated; that I attended deceased from  
SEPT. 10 1946 to OCT 8 1946  
 and that I last saw him alive on OCT 8 1946

Immediate cause of death  
CORONARY ARTERY THROMBOSIS  
 DURATION 5 MINUTES

Due to ARTERIOSCLEROSISDue to MYOCARDIAL FAILUREOther conditions SENILITY

(Include pregnancy within 8 months of death)

Major findings of operations - Date of op. -

Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO  
 Accident, suicide, or homicide. Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -

23. SIGNATURE [Signature] M. D. or other -  
 Address Cambridge Date signed 10/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 12 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09959

Reg. Dist. No. 116

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Boundary Road  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Boundary Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Doris Ann Dryden

## 3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife -  
 6.(c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) Aug. 28, 1946.  
 8. AGE: Years - Months 1 Days 14 If less than one day - hrs. - min.

9. Birthplace Cambridge, Maryland  
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name Clarence E. Dryden

13. Birthplace Maryland

MOTHER 14. Maiden name Helen M. Ruark

15. Birthplace Maryland

16. Informant Mr. Clarence E. Dryden

Address Cambridge, Maryland

17. Burial Date thereof Oct. 12, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10/12/46 John Mace, Jr.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1946, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 7, 1946 to Oct 12, 1946  
 and that I last saw her alive on 10/10/46

Immediate cause of death Spina Bifida (Imperfect)

Due to -

Due to -

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE John Mace, Jr.  
 M.D. or other -

Address Cambridge, Md. Date signed 10/12/46

DURATION

Since Birth

Since Birth

RECEIVED

OCT 17 1946

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09960 116

## 1. PLACE OF DEATH:

County Madison MD BorchesterCity or town Leopoldine  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Susan C. Ennals

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Husband Dead

7. Birth date of deceased (mo., day, yr.)

OCT 12 1884

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

622

hrs.

min.

9. Birthplace

Madison MD  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

James Brown

12. Name

Maryland

13. Birthplace

James Brown

14. Maiden name

Maryland

15. Birthplace

Maryland

16. Informant

Maryland

Address

Madison MD

17. Burial

Madison MD

Date thereof

Oct 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Madison

Location

Madison

18. Funeral director

James Brown

Address

2017 Wash St

19. 10-23-46

19. 46

John M. Jones

Registral

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MD

County

Borchester

City or town

Madison  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

October 10 1946 at 2:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29 1946 to Oct 10 1946

and that I last saw him alive on

Sept 13 1946

Immediate cause of death

Hypertension Cardiovascular

Due to

disease

Due to

Chronic bronchitis

Other conditions

Chronic bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Jones MD

Address

377 Ave St. Charles

M. D. or other

Date signed 10-23-46

RECEIVED  
OCT 25 1946  
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8-0

## CERTIFICATE OF DEATH

Reg. Diat. No. 09961 1100

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Hurlock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

Hurlock - East New Market Road

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Hurlock - East New Market Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Douglas Farnare

## 3. (b) Social Security Number

220-01-4437

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary Farnare

7. Birth date of deceased (mo., day, yr.) January 25, 1895  
 6.(c) If alive, give age 48 years

8. AGE: Years 51 Months 8 Days 27 If less than one day  
 ..... hrs. .... min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)10. Usual occupation Farm laborer11. Industry or business Farm12. Name Charles Farnare13. Birthplace Dorchester County, Maryland14. Maiden name Emma Pinkett15. Birthplace Dorchester County, Maryland16. Informant Mrs. Mary FarnareAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof October 25, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Vienna Colored CemeteryLocation Vienna, Maryland18. Funeral director J. F. Frampton and SonAddress Federalburg, Maryland19. Col 25- 46 Charles Farnare  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 19 46 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 46 to Oct-22-46  
 and that I last saw him alive on October 22 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 1 day

Due to Hypertension 1 yr +

Due to General Arteriosclerosis 1 yr +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Harrison MD M. D. or other

Address Hurlock Md Date signed 10/23/46

RECEIVED  
NOV 7 1946  
SECRETARY

2-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1542

## CERTIFICATE OF DEATH

Reg. Diat. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

233 Race St.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 233 Race St.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Mace C. Frazier

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Ellen R. Jarrett(Died 3/13/1944)

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.) March 29, 1872.

## 8. AGE:

Years

Months

Days

If less than one day

74618

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

9. Birthplace James Island, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Shoe Cobler11. Industry or business Shoe Repair12. Name George H. Frazier13. Birthplace Maryland14. Maiden name Ellen M. Ruark15. Birthplace Maryland16. Informant Mrs. Troy MorrisAddress Cambridge, Maryland17. Burial Date thereof Oct. 19, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Brick Church CemeteryLocation Taylor's Island, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. \_\_\_\_\_ 19. \_\_\_\_\_  
(Date rec'd by registrar)John Mace, Jr., M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1946, at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/1619.46to 10/1719.46and that I last saw him alive on 10/1719.46

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

1 dayDue to TOXEMIA OFACUTE OSTEOMYELITIS2 WEEKSDue to RECURRENTOSTEOMYELITIS

Other conditions

SENILITY

(Include pregnancy within 8 months of death)

Major findings of operations OSTEOMYELITISDRAINAGEDate of op. 10/17/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; NO

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

## 23. SIGNATURE

John Mace, Jr., M.D. M. D. or other  
Address Cambridge, Md. Date signed 10/19/46

RECEIVED  
OCT 28 1946  
FORWARD V.E.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 956

## CERTIFICATE OF DEATH

09963  
Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Est New Market  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

Rural-East New MarketHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-East New Market  
(If outside city or town limits, write RURAL and give nearest town)Street No. East New Market  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

John E. Glanden

## 3. (b) Social Security Number

220-10-6384

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Rachel McBride6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) Sept. 14, 18948. AGE: Years Months Days It less than one day  
52 - 18 - hrs. - min.9. Birthplace Queen Anne County, Maryland  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business FarmerFATHER 12. Name James Glanden13. Birthplace MarylandMOTHER 14. Maiden name Not Known15. Birthplace II II16. Informant Mrs. Rachel GlandenAddress East New Market, Maryland17. Burial Date thereof Oct 5 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Family CemeteryLocation Hartly, Delaware18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Oct 4 46 John Macgregor  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1946 at 1:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 1946 to Oct 2nd 1946 and that I last saw him alive on Aug 8th 1946Immediate cause of death Coronary OcclusionDURATION  
20 min.Due to Rheumatic Cardis  
Vascular Disease6 yr 11 mOther conditions Constrictive heart  
Failure  
(Include pregnancy within 3 months of death)2 mo.Major findings of operations NoneDate of op. -Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Eldridge H. Hofford  
Address Cambridge, Md. Date signed 10-4-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 7 1946

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ 09964 116  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Dorchester  
City or town Rural-Andrews  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
-  
How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Rural-Andrews  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Andrews  
(If rural, give LOCATION)  
2.(a) If veteran, name war -

## 3. (a) FULL NAME

William J. Gore

## 3. (b) Social Security Number

-

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Cora Abbott

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.) Nov. 30, 1882

## 8. AGE:

Years

Months

Days

If less than one day

631024

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Andrews, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation -

## 11. Industry or business -

MOTHER FATHER

12. Name John Gore13. Birthplace Maryland14. Maiden name Kathleen Hughes15. Birthplace Maryland16. Informant Mrs. Cora GoreAddress Andrews, Maryland17. Burial Date thereof Oct. 31, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Family CemeteryLocation Andrews, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-31-46

(Date rec'd by registrar)

John M. J. M. J.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1946 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8, 1946 to Oct 15, 1946and that I last saw him alive on Oct 15, 1946Immediate cause of death Apoplexy

## DURATION

6 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. H. T. Jones

M. D. or other

Address Cambridge, Md. Date signed Oct 31, 1946

RECEIVED  
NOV 2 1946  
FBI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH



09965

Reg. Dist. No.

1100

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Clyde C. Harding

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Lena Harding6.(c) If alive, give age 69 years

## 7. Birth date of deceased (mo., day, yr.)

June 5, 1872

## 8. AGE:

Years

Months

Days

If less than one day

74416

hrs.

min.

## 9. Birthplace

Dorchester County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Farm

## FATHER

## 12. Name

Collison Harding

## MOTHER

## 13. Birthplace

Dorchester County, Maryland

## 14. Maiden name

Virginia Richardson

## 15. Birthplace

Dorchester County, Maryland

## 16. Informant

Mrs. Lena Harding

## Address

Hurlock, Maryland, R.F.D.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof October 24, 1946  
(month) (day) (year)

## Cemetery or crematory

Washington Cemetery

## Location

Near Hurlock, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Feddersburg, Maryland

## 19. Oct 24 - 1946

(Date rec'd by registrar)

Charles Harding  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 19 46 at 3:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 19 46 to October 21 19 46and that I last saw him alive on October 21 19 46Immediate cause of death Pulmonary edema

## DURATION

24 hrDue to Chronic Hypertensive Heart disease with arteriosclerosis 5 yrsDue to Left cerebral Thrombosis 15 days

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations none done

Date of op. \_\_\_\_\_

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

Pres on Maryland

M. D. or other

Address \_\_\_\_\_ Date signed 10/22/46

60224

NOV 7 46  
BURLA 10

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11702

## CERTIFICATE OF DEATH

 09966111  
 Reg. Dist. No.

1. PLACE OF DEATH:  
 County... Essex  
 City or town... East New Market  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State... Maryland County... Dorchester  
 City or town... East New Market Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No...  
 (if rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME  
Harriet Abdell Rosenberg

3. (b) Social Security Number

4. Sex... Female 5. Color or race... white 6. (a) Single, married, widowed, or divorced... widow  
 6. (b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.)... Dec 13 1862 8. (c) If alive, give age... years  
 8. AGE: Years... 83 Months... Days... If less than one day... hrs. min.

9. Birthplace... MD  
 (Town, county, and state)  
 10. Usual occupation... House work

11. Industry or business

FATHER 12. Name... William Abdell  
 13. Birthplace... MD

MOTHER 14. Maiden name... Katherine Dean  
 15. Birthplace... MD

16. Informant... Franklin Rosenberg  
 Address... East New Market

17. Burial Date thereof... Oct 6 1946  
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory... Cemetery  
 Location... East New Market

18. Funeral director... F.B. Wallaughley  
 Address... East New Market

19. 10/5/46 1946 Elizabeth C. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct 3 1946, at 52 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1946 to Oct 3 1946 and that I last saw her alive on Sept 25 1946

Immediate cause of death... Hemorrhage, gastric  
Gastric ulcer.

Due to...  
 Due to...  
 Other conditions... Senility  
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of...  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... R.N. Brown M.D. M. D. or other  
 Address... East New Market Md Date signed... 10/5/46

RECEIVED  
OCT 12 1946  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

 09967 110  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

County Southern  
 City or town Shulock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 18 years  
 Hospital, institution, or street address where death occurred:  
Near Shiloh  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Southern  
 City or town Shulock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Shiloh  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Cora E. C. Jenkins

## 3. (b) Social Security Number

213-24-2138

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Walter Jenkins 6. (c) If alive, give age 22 years  
 7. Birth date of deceased (mo., day, yr.) February 13, 1926  
 8. AGE: Years 20 Month 7 Day 19 It less than on day  
 ..... hrs. .... min.

9. Birthplace Vienna, Maryland  
 (Town, county, and state)  
 10. Usual occupation Unemployed  
 11. Industry or business

12. Name Otis Pinder  
 13. Birthplace Vienna, Maryland  
 14. Maiden name Daisy Jones  
 15. Birthplace Church Creek, Maryland  
 16. Informant Daisy Jones  
 Address Shulock, Maryland, R.F.D.  
 17. Burial Date thereof October 15, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Salem Cemetery  
 Location Salem, Maryland  
 18. Funeral director J. F. Trautman and Son  
 Address Federalburg, Maryland  
 19. Oct 15 - 1946 Charles W. Trautman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 19 46 at 10 A. M.  
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
June 19 45 to Oct. 12, 1946  
 and that I last saw him ..... alive on ..... 19 .....  
 Immediate cause of death Pulmonary Tuberculosis DURATION 4 yrs.  
 Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?

23. SIGNATURE William C. Harrison MD M. D. or other  
Shulock Md. Date signed 10/14/46  
 Address

RECEIVED  
OCT 23 1948  
BUREAU V 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 22-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

## 1. PLACE OF DEATH:

County Dorchester CambridgeCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 mon. 5 ds.

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 1 mon. 5 ds

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen AnneCity or town Crumpton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

George Lloyd

## 3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteMarried6.(b) Name of husband or wife Francis Redmond6.(c) If alive, give age 75? years7. Birth date of deceased (mo., day, yr.) May 22 18658. AGE: Years Months Days If less than one day  
81 5 2 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Double Creek, Queen Anne Cy. Maryland  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name William A. Lloyd13. Birthplace Worcester Cy. Maryland14. Maiden name Martha J. Burns15. Birthplace Queen Anne County, Maryland16. Informant Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Oct 27-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CrumptonLocation Crumpton Ind18. Funeral director Edgar L. LaneAddress Church Hill Ind19. 10-25-46 John Mawfi. md.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 19 46 at 7.48p.m21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 19 19 46 to October 24 19 46and that I last saw him alive on October 24 19 46Immediate cause of death Chronic Myocarditis and Myocardial Degeneration DURATION unknownSenility

Due to \_\_\_\_\_

Other conditions Arteriosclerosis, Senile Psychosis 4 mos.  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John Mawfi. md. M. D. or otherAddress Cambridge, Maryland Date signed Oct. 24/46

10000

UNITED STATES DEPARTMENT OF AGRICULTURE

CONTINENTAL OF DEPARTMENT

BAG CONTAINING

PAVILION BUILDING

RECEIVED  
OCT 28 1915  
WASHINGTON

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

19969

## 1. PLACE OF DEATH

County WorcesterVillage or City CambridgeLength of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.No. 238 Rouse St. 116 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. 238 Rouse St. 116 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Robertson

6. DATE OF BIRTH (month, day, and year)

Best known

7. AGE

78 Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farmer Retired

10. Date deceased last worked at this occupation (month and year)

Aug 194611. Total time (years) spent in this occupation all this

12. BIRTHPLACE (city or town) (State or country)

Worcester Md.

FATHER

13. NAME

Fr. McKellett

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Vincent

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT (Address)

Personal Knowledge

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Md. Date Oct 5, 1946

19. UNDERTAKER (Address)

H. H. Miller, 1111 E. H. Market Rd.

20. FILED

10-28-46 John Maco Jr. Md.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Oct. (Month)26 (Day)1946 (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

1946 to 19461946I last saw alive on 10/26/46, 1946; death is saidto have occurred on the date stated above, at 8:30 am.The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Total Paralysis

Date of onset

Other Contributory Causes of importance:

Systolic Hypertension

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no, 1946

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. H. Steele

M. D.

(Address) Cambridge Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

09970-115  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Golden Hill  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 hours  
 Hospital, institution, or street address where death occurred:  
home  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Golden Hill  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. near Colored Church  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Infant Boy Meekins

## 3. (b) Social Security Number

no.

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) October 24-1946  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 and 2 hrs. \_\_\_\_\_ min.

9. Birthplace Golden Hill, Md  
 (Town, county, and state)  
 10. Usual occupation infant  
 11. Industry or business infant  
 12. Name William Robinson  
 13. Birthplace Go Craps - Md  
 14. Maiden name Mrs. Betty Meekins  
 15. Birthplace Golden Hill, Md

16. Informant Maude Meekins  
 Address Golden Hill, Md  
 17. burial Date thereof Oct. 26-1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Golden Hill Colored Cemetery  
 Location Golden Hill, Md  
 18. Funeral director Edward Ward  
 Address Golden Hill, Md  
 19. Oct. 26 1946 James Meade  
 (Date rec'd by registrar) (month) (day) (year) Loca. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1946 at 2 a M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 1946 to Oct. 26 1946  
 and that I last saw him alive on Oct. 25 1946  
 Immediate cause of death Signature Bertha  
and other just. 6 mo.  
 Due to \_\_\_\_\_  
 Due to other cause unknown  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James W. Meade M.D.  
Fishing Creek Md M. D. or other  
 Address \_\_\_\_\_ Date signed Oct 26/46

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

1946

DEPARTMENT OF HEALTH

RECEIVED  
OCT 29 1946  
BOARD A.R.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

09971

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 57 YearsHospital, institution, or street address where death occurred:  
216 West End Ave.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 216 West End Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Walter H. Meekins

## 3. (b) Social Security Number

-

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6.(b) Name of husband or wife Nettie Hart7. Birth date of deceased (mo., day, yr.) Feb. 13, 1867  
6.(c) If alive, give age 74 years

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>28</u>	hrs. min.

9. Birthplace Hoopers Island, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Retired12. Name William H. Meekins13. Birthplace Maryland14. Maiden name Marthe Meekins15. Birthplace Maryland16. Informant Mrs. Walter H. MeekinsAddress Cambridge, Maryland17. Burial Date thereof Oct. 14, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10/12/46 46 John Meekins  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1946, at 9: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_

Disease of Coronary ArteriesDue to Atherosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John H. Spriner, Dep. Med. Exam.Address Cambridge, Md. Date signed Oct. 12, 1946

RECEIVED  
OCT 17 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for additional information is shown on

FILM No. I O 8 NOV - 8 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09972

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Madison  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Madison  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME

Addie Akheer Ophers

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife William N Ophers

7. Birth date of

deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age 80 years

8. AGE:

Years

Months

Days

If less than one day

82

2

hrs. min.

9. Birthplace

Church Creek  
(Town, county, and state)

10. Usual occupation

Laboer

11. Industry or business

none

FATHER

12. Name

John M. Harvise

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary E. Emmels

15. Birthplace

Church Creek

16. Informant

William Ophers

Address

Madison not

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Oct 30/46  
(month) (day) (year)

Cemetery or crematory

Madison

Location

Madison

18. Funeral director

Lenis H. Hargrave

Address

Cambridge not

19.

10-30-46  
(Date rec'd by registrar)

19.

John M. Harvise  
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1946 at 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 1946 to Oct 27 1946

and that I last saw him alive on October 27 1946

Immediate cause of death Apoplexy

DURATION

4 days

Due to

Due to

Other conditions Arterio-sclerosis

1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

P. H. Tarrice

M. D. or other

Address Cambridge, Md Date signed 10/30/46

RECEIVED  
OCT 31 1946  
BUREAU V.R.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

09973

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 mo.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 103 Franklin St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Russell A. Paul Jr.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife

6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) April 1-19468. AGE: Years Months Days if less than one day  
6 12 hrs. min.9. Birthplace Cambridge  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Russell A. Paul Sr.13. Birthplace Cambridge14. Maiden name Hilda Booze15. Birthplace Cambridge16. Informant Russell A. Paul Sr.Address Cambridge, Md.17. Burial (Burial, cremation, or removal, Which?) BurialDate thereof 10-15-46  
(month) (day) (year)Cemetery or crematory GreenlawnLocation Cambridge, Md.18. Funeral director Kenneth D. ThomasAddress Cambridge, Md.19. 10-15- 46 John Macfarlane  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 19 46, at 11:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 19 46 to Oct 13 19 46 and that I last saw him alive on Oct 13 19 46Immediate cause of death Pneumonia, lobar DURATION 6 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lawrence Maryanor M. D. or otherAddress 136 Race St. Date signed 10/14/46  
Cambridge, Md.

MARGIN RESERVED FOR BINDING

I

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 18 1945

BUREAU V. D.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 000776

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Three Weeks

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Three Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Fishing Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. Fishing Creek  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Bertie Phillips Robinson

## 3. (b) Social Security Number

-4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Gorman Robinson6.(c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) June 4, 1901.8. AGE: Years 45 Months 4 Days 22 If less than one day hrs. min.9. Birthplace Barron Island, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Assistant Post Mistress11. Industry or business Mail12. Name Samuel A. Phillips13. Birthplace Maryland14. Maiden name Katherine Flowers15. Birthplace Maryland16. Informant Mr. Gorman RobinsonAddress Fishing Creek, Maryland17. Burial Date thereof Oct. 29, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 10-29- 19 46 John M. [Signature]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 19 46 at 11:16 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5, 19 46 to 10/26/ 19 46  
and that I last saw her alive on 10/26/ 19 46Immediate cause of death Coronary occlusion DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Open incision  
Artery Date of op. 10/5/46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. [Signature] M.D. or otherAddress Cambridge, Md. signed 10/26/46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 31 1946  
BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... **Dorchester**City or town... **Cambridge** *R.F.D.*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Dorchester**City or town... **Cambridge R.F.D.**  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

**Fay Sanda Sharp**

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

**Female****Col.****Single**

6. (b) Name of husband or wife .....

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) **March 1946**8. AGE: Years Months Days If less than one day  
**7** ..... hrs. .... min.9. Birthplace... **Cambridge, Md.**  
(Town, county, and state)10. Usual occupation... **none**

11. Industry or business

12. Name... **Edward Meekins**13. Birthplace... **Md.**14. Maiden name... **Viola Sharp**15. Birthplace... **Dorchester Co.**16. Informant... **Viola Sharp**Address... **Cambridge Md. R. F. D.**17. Burial Date thereof **10-27-46**  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... **Cordtown**  
**Cordtown, Md.**

Location .....

18. Funeral director... **Lewis Henry**Address... **Cambridge, Md.**19. **10-26-47** 19.....  
(Date rec'd by registrar)**John Mace, Jr.** Registrar23. SIGNATURE **John Mace Jr. M.D.**  
**Acting Deputy Medical Examiner**  
**D. Cambridge, Md.** Date signed **10/26/46**

## MEDICAL CERTIFICATION

20. DATE OF DEATH... **October 26,** 19 **46** at **9 A.** M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**Not at all** 19..... to 19.....

and that I last saw him ..... alive on ..... 19.....

Immediate cause of death...  
**Fever and convulsions of**  
**unknown etiology.**

## DURATION

**3 day**

Due to.....

Due to.....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE **John Mace Jr. M.D.**  
**Acting Deputy Medical Examiner**  
**D. Cambridge, Md.** Date signed **10/26/46**

RECEIVED  
NOV 2 1946  
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

09976

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? several years  
 Hospital, institution, or street address where death occurred:  
416B Pine St.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 416B Pine St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Grant Smith

## 3. (b) Social Security Number

4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife unknown

7. Birth date of deceased (mo., day, yr.) 1896 8. (c) If alive, give age        years

8. AGE: Years 50 Months X Days X It less than one day        hrs.        min.

9. Birthplace Georgia  
 (Town, county, and state)

10. Usual occupation Laborer  
 11. Industry or business Cement Blocks

12. Name unknown13. Birthplace X14. Maiden name unknown15. Birthplace X

16. Informant Emma Baker  
 Address 416B Pine St. - Cambridge, Md.

17. Burial Date thereof 10-4-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Silent CityLocation Cambridge, Md.18. Funeral director Levi N. BaynesAddress Cambridge, Md.

19. 10-2-46 19 46 John M. Smith  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 19 46 at 9-50A PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19       , to X 19       

and that I last saw h        alive on X 19       

Immediate cause of death Myocarditis, Acute

DURATION  
2 wks.

Due to XDue to XOther conditions X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.       

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide        Date of       

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)       Means of injury        Injured at work?       23. SIGNATURE J. K. Shriver, Dep. Med. Exam.

M. D. or other

Address Cambridge, Md. Date signed Oct. 1/46

RECEIVED

OCT 3 1946

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of year of birth and age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

FILM No. I 07 OCT 22 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 09977 64 112

### 1. PLACE OF DEATH:

County Dorchester  
City or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Vienna - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Noah N. Stewart

### 3. (b) Social Security Number

None

4. Sex <u>male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	------------------------------------	--

6. (b) Name of husband or wife Mary P. Stewart  
6. (c) It alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) September 1, 1873  
8. AGE: Years 73 Months 1 Days 1 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Vienna Maryland R.F.D.  
(Town, county, and date)  
10. Usual occupation Farm laborer  
11. Industry or business Farm  
12. Name Harry Stewart  
13. Birthplace Vienna Maryland, R.F.D.  
14. Maiden name Margaret Stanley  
15. Birthplace Vienna, Maryland, R.F.D.

18. Informant Mrs. Alice Banks  
Address Linkwood, Maryland  
17. Burial Date thereof October 6, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Vienna Colored Cemetery  
Location Vienna Maryland  
19. Funeral director J. J. Frampton and Son  
Address Federalsburg, Maryland  
19. October 6 19 46  
(Date rec'd by registrar) S. J. Frampton Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 19 46 at 5:30 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
Immediate cause of death General septic poisoning due to absorption from kidneys, bladder, and prostate gland. LOCATION  
Due to Chronic interstitial nephritis, emphysema  
Duration: two years.  
Due to No Physician in attendance.  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edward E. Lemkin  
Edward E. Lemkin, M.D. Vienna, Md.  
Address \_\_\_\_\_ Date signed 10-4-46

RECEIVED  
OCT 12 1946  
BUREAU 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-3

## CERTIFICATE OF DEATH

Reg. Dist. No.

0997800

## 1. PLACE OF DEATH:

County Dorchester  
 City or town East New Market - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
Near Shiloh  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town East New Market - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Shiloh  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Lewis H. Thomas

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife  
 8. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) September 5, 1899  
 8. AGE: Years 47 Months 1 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Farm laborer  
 11. Industry or business Farm  
 12. Name Charles Thomas  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Annie Hill  
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Annie Thomas  
 Address East New Market, Maryland, C.F.D.

17. Burial Date thereof October 19, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Hopsonstown Cemetery  
 Location Near East New Market, Maryland

18. Funeral director J. F. Thompson and Son  
 Address Edinburg, Maryland

19. Oct 19 - 1946 Registrar Charles H. Taylor  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1946 at 9:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1945 to Oct 16, 1946  
 and that I last saw him alive on Oct 16, 1946

Immediate cause of death Virus Pneumonitis DURATION 4 days  
chronic nephritis 1 year  
chronic urinary fistula 5 yrs +  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE W. C. Harrison MD M. D. or other \_\_\_\_\_  
Shurlock Date signed 10/19/46  
 Address \_\_\_\_\_



NOV 7 1946  
BURLINGTON

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 822

09979

## CERTIFICATE OF DEATH



Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Crocheron  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Home-CrocheronHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Crocheron  
(If outside city or town limits, write RURAL and give nearest town)Street No. Crocheron  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3.(a) FULL NAME

Elsie McGlaughlin Todd

## 3.(b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Edgar H. Todd6.(c) If alive, give age 62 years

7. Birth date of

deceased (mo., day, yr.)

May 17, 1891

8. AGE:

Years

55

Months

5

Days

8

If less than one day

hrs. min.

9. Birthplace Crocheron, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Domestic11. Industry or business Home

FATHER

12. Name Shriver A. McGlaughlin13. Birthplace Maryland

MOTHER

14. Maiden name Mary E. Todd15. Birthplace Maryland16. Informant Mr. Leonard J. ToddAddress Cambridge, Maryland17. Burial Date thereof Oct. 27, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompe's Funeral ServiceAddress Cambridge, Maryland19. 10-27-46  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1946 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/23/46 to 10/25/46  
and that I last saw him or alive on Oct. 24, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Essential hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Mangano

M. D. or other

Address 136 Rose St.Date signed Oct. 26, 1946Cambridge, Md.



Evidence for change of birth  
date & age of deceased is  
shown on  
FILM No. I O 7 OCT 17 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

09980

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 years

Hospital, institution, or street address where death occurred:

311 Race St.

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 311 Race St.  
(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Bessie Leland Wroten Warner

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

B. (b) Name of husband or wife Wilson S. Warner

7. Birth date of deceased (mo., day, yr.) June 19, 1897. 1887 6. (c) If alive, give age 63 years

8. AGE: Years 59 ~~59~~ Months 5 Days 16 If less than one day his. min.

9. Birthplace Lakesville, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Charles Wroten

13. Birthplace Maryland

14. Maiden name Minnie Wroten

15. Birthplace Maryland

16. Informant Wilson S. Warner

Address Cambridge, Maryland

17. Burial Burial Date thereof Oct. 7, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10-11-16 John M. [Signature]  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1946 at 9:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19, 45 to August 19, 46 and that I last saw him alive on Aug. 46

Immediate cause of death Hypertensive Cardio-Vascular  
Renal Disease DURATION 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Meredith M. D. another

Address Cambridge, Maryland Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 12 1946

BUREAU V. B.

